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CONFIRMATION NO. 3124

<b>SERIAL NUMBER</b> 10/674,290	<b>FILING OR 371(c) DATE</b> 09/29/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> PH.1.0006.US2
<b>APPLICANTS</b> Gregory A. Demopoulos, Mercer Island, WA; Pamela Pierce Palmer, San Francisco, CA; Jeffrey M. Herz, Mill Creek, WA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 10/195,625 07/12/2002 PAT 6,645,168 which is a CON of 09/837,141 04/17/2001 PAT 6,420,432 which is a CON of 09/072,913 05/04/1998 PAT 6,261,279 which is a CON of 08/670,699 06/26/1996 PAT 5,820,583 which is a CIP of PCT/US95/16028 12/12/1995 which is a CIP of 08/353,775 12/12/1994 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 12/22/2003				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Signature]</i> Initials		<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 64
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 31629				
<b>TITLE</b> Vascular irrigation solution and method for inhibition of pain, inflammation, spasm and restenosis				
<b>FILING FEE RECEIVED</b> 889	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			
<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit				